

CLAIMING YOUR INDIANA TAX CREDITS

When filing your Indiana tax return, Indiana residents will report the amount of their tax credit (50% of the amount of the contribution) on **Schedule 6, line 6**. This amount will need to equal the total of **IN-OCC**. The credit name is **School Scholarship Credit** and the code number is **849**.

Schedule 6
Form IT-40, State Form 53999
(R13 / 9-22)

Schedule 6: Offset Credits

2022

Enclosure
Sequence No. 05

Name(s) shown on Form IT-40

Taxpayer

Your Social Security Number

333 33 3333

Round all entries

1. Credit for local taxes paid outside Indiana _____ 1 .00

2. Community revitalization enhancement district credit _____ 2 .00

3. Other Local Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name code no. 3a .00

b. Enter credit name code no. 3b .00

Important: Lines 1 through 3 cannot be greater than the county tax due on Form IT-40, line 9 (see *Combined Limitation* instructions)

4. College credit: attach Schedule CC-40 _____ 4 .00

5. Credit for taxes paid to other states: enclose other state's return _____ 5 .00

6. Other Credits: See instructions (enclose additional sheets if necessary)

a. Enter credit name School Scholarship Credit code no. 849 6a 500 .00

b. Enter credit name code no. 6b .00

c. Enter credit name code no. 6c .00

d. Enter credit name code no. 6d .00

7. Enter the total credits from Schedule IN-OCC, line 16, and enclose that schedule _____ 7 .00

Important: Lines 4 through 7 added together cannot be greater than the state adjusted gross income tax due on Form IT-40, line 8 (see *Combined Limitation* instructions)

8. Add lines 1 through 7. Enter total here and on line 13 of Form IT-40 **Total Offset Credits** 8 500 .00



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You must also complete and attach Schedule IN-OCC. Enter the *year* of your donation in column B, the *certification number* from your receipt letter in column C, *849* as the code in column D and the *amount of your credit* in column E.

Name shown on Form IT-40/IT-40PNR:

Your Social Security Number

Name shown on IT-20/IT-20NP/IT-65/IT-20S/FIT-20/IT-41

Federal Employer Identification Number

Complete this schedule if you are reporting any of the following credits: EDGE-NR Credit; EDGE-NR Credit - Composite; Film and Media Production Credit; Film and Media Production Credit - Composite; Foster Care Donation Credit; Foster Care Donation Credit - Composite; Headquarters Relocation Credit; Headquarters Relocation Credit - Composite; Hoosier Business Investment Credit; Hoosier Business Investment Credit - Composite; Hoosier Business Investment Credit - Logistics; Hoosier Business Investment Credit - Logistics - Composite; Natural Gas Commercial Vehicle Credit; Natural Gas Commercial Vehicle Credit - Composite; Redevelopment Tax Credit; Redevelopment Tax Credit - Composite; School Scholarship Credit - Composite; Venture Capital Investment Credit; Venture Capital Investment Credit - Composite; VCI - Qualified Indiana Investment Fund; VCI - Qualified Indiana Investment Fund - Composite.

	Column A IT-20S/IT65 Enter FEIN if Credit is from IN K-1	Column B Certification Year	Column C Certification/ Project Number	Column D Tax Credit Code	Column E Amount Claimed
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 <input type="text"/> .00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 <input type="text"/> .00
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	3 <input type="text"/> .00
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	4 <input type="text"/> .00
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	5 <input type="text"/> .00
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	6 <input type="text"/> .00
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	7 <input type="text"/> .00
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	8 <input type="text"/> .00
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	9 <input type="text"/> .00
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10 <input type="text"/> .00
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11 <input type="text"/> .00
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12 <input type="text"/> .00
13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13 <input type="text"/> .00
14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14 <input type="text"/> .00
15.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15 <input type="text"/> .00
16.	Add amounts from Column E, lines 1 - 15, and enter total here. Carry to the appropriate line on: Schedule 6; Schedule G; Form IT-20; Form IT-20NP; Form IT-41, or Form FIT-20 (Form IT-65 and Form IT-20S filers must see special reporting instructions)				Total 16 <input type="text"/> .00



Carryover SGO Credits: Enter the certification year and certification number for the carryover amount on form IN-OCC.

Example: Line 1 – (Column B) Certification Year **2022** (Column C) Certification Number – **The number that corresponds to year 2022** (Column D) - **The Tax Credit Code 849** (Column E) – Amount Claimed – **Carryover Amount**

Line 2 – Enter additional carryover years or the current year

The total from Column E on form IN-OCC will carry over to Schedule 6.